.PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/019358

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN OR SMALL ENTITY											
TOTAL CLAIMS			(Column 1) (Col			.iann 2)] [YPE [<u>_</u>	OR ¬												
\parallel		X	XX				RATE	FEE	┨ .	RATE	FEE											
	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		ASIC FEE	385.00	OR	BASIC FEE	.770.00											
	TOTAL CHARGEABLE CLAIMS			2 8 minus 20= '				XS 9=		OR	X\$18=	890										
15	INDEPENDENT CLAIMS			(minus 3 = 1		3		X43=		OR	×86.	144										
L	MULTIPLE DEPENDENT CLAIM PRESENT									OR	280	252										
•	* If the difference in column 1 is less than zero, enter "0" in column 2							+145= 		OR	TOTAL	00										
	CLAIMS AS AMENDED - PART II								L		OTHER	THAN										
		 nn 2)	(Column 3)	. \$	MALL I	ENTITY	OB	SMALL														
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID F	BER USLY	PRESERI EXTRA		RATE	AUDI TIONAL FEE		RATE	ADDI TIONAL FEE										
	Total	- 28	Minus	" Ć	28	2	;	XS 9=		OR	X\$18=											
	Independent	· (0	Minus	*** (0			X43≔		OR	X86=											
L	THIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			145=		OR	+290=											
								TOTAL DIT FEE	·	OR	TOTAL ADDIT: FEE											
		(Column 1)		AUI																		
AMENDMENT B	6/17/04	CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO	ST ER USL*	PRESENT EXTRA	F	RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Totai	. 28	Minos	. 6	8					QΉ	XS18-	, , , , ,										
	Inoependent	. 6	Minus	***	6	=	<u> </u>	X43=		OR	X86=											
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM	1				011		\										
							+	145::		OR	+290::	<u>\</u>										
•								JACOT BETTIC		OR	TOTAL ADDIT FEE											
		(Column 1)		(Colum	n 2)	(Column 3)			•													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	F	RATE	AUÜİ TIONAL• FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus			±	×	(\$ 9±		OR	X\$18=	·										
	Independent	*	Minus ·	A-4-A		z		(43±			X86=	·										
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							·· 3-		OR												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR ,	TOTAL ADDIT FEE											
1	he *Highest Num	ber Previously Paid	For (Total o	Independen	II is the	highest number	r found i	in the app	ropriate box	in col	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											